



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
Group Art Unit Unknown

In re

Patent Application of

Sriram S. Iyer, et al.

Application No. 10/765,005

Confirmation No.: 6761

Filed: January 26, 2004

Examiner: Not assigned

“APPARATUS AND METHODS FOR  
PREVENTING OR TREATING FAILURE OF  
HEMODIALYSIS VASCULAR ACCESS AND  
OTHER VASCULAR GRAFTS”

**REQUEST FOR EXTENSION OF TIME**

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Applicant hereby requests a four-month (4) extension of time, extending the date for responding to the Notice to File Missing Parts of Nonprovisional Application, until November 3, 2004. Enclosed is check # 51789 in the amount of \$290.00, for the 4<sup>th</sup> month's extension of time fee. Applicant previously paid for a Three-month (3) extension of time on September 30, 2004. Charge or credit Deposit Account No. 50-0842 with any shortage or overpayment of the above fee. A duplicate of this sheet is enclosed.

11/02/2004 FFANAI2 00000079 10765005

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290.00 DP

File No. 091401-9004  
Michael Best & Friedrich LLP  
One South Pinckney Street  
P. O. Box 1806  
Madison, WI 53701-1806  
(608) 257-3501 Fax: (608) 257-2283

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Signature

October 28, 2004

Date of Signature

Respectfully submitted,

Grady J. Frenchick  
Reg. No. 29,018



<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/765,005
	Filing Date	January 26, 2004
	First Named Inventor	Sriram S. Iyer
	Art Unit	1615
	Examiner Name	Unknown
Total # of pages in this submission including transmittal: 4 Total Number of Pages in This Submission	Attorney Docket Number	091401-9004

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> CD, Number of CD(s)	
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<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm Or Individual name	Customer No. 23510 Grady J. Frenchick, Reg. 29078
Signature	
Date	10/28/04

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Signature	Date: 10/28/04

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